



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant <u>2012 H3 1032</u>	<input checked="" type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Larimer County Natural Resources

Address: 1800 S. County Rd 31
Leveland, CO 80537

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service.

Grant Number: 1929500-FC-06 Non-Federal Match: \$20,041.56

Approved Funding: \$25,000 Total Project: \$45,041.56

CSFS Account Number: 1929500-FC-06 Amount of Payment: \$25,000

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Program Manager Signature _____ Date: _____

Program Manager Name _____



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: 1929500-FC-06		2. Total Award Amount: 25,000													
3. Project Name: Hermit Park Open Space HB 12-1032		4. Reimbursed Amount to Date: 0													
5. Make Payment To: Name: Larimer County Natural Resources Attn: Meegan Flenniken Address: 1800 S. County Road 31 Loveland, CO 80537		6. Period of Performance (Project Period): From: July 2014 To: October 2014													
7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. <u>Attach additional sheets as necessary.</u> Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.															
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.															
<table border="1" style="width:100%"><thead><tr><th>A. Remaining Award Amount</th><th>B. Reimbursement Requested Amount (recipient cost)</th><th>C. Match (recipient cost)</th><th>D. Match (non-recipient cost)</th><th>E. Total Project Cost</th><th>F. Recipient Match Rate (%)</th></tr></thead><tbody><tr><td>25,000</td><td>25,000</td><td>20,041.56</td><td>20,000</td><td>45,041.56</td><td>44%</td></tr></tbody></table> <p><small>* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.</small></p> <p style="text-align: right;">10/31/14 BL</p>				A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)	25,000	25,000	20,041.56	20,000	45,041.56	44%
A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)										
25,000	25,000	20,041.56	20,000	45,041.56	44%										
Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work completed and documented above or attached.															
9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: <u></u> Date: <u>10/31/2014</u>															
10. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: <u></u> Date: <u>10/31/14</u>															
11. Funding is available and request is approved for reimbursement. Program Manager Signature: _____ Date: _____															



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

1929500-FC-06

Award Amount (obligated from funding source):

A. Remaining Award Amount:

Reimbursement Request:

☐ First☐ Second

☐ Third

☐ Fourth

☐ Fifth☒ Final!

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
25,000.00	20,000.00 20,041.56	\$0.00	\$25,000.00 45,041.56	44% 45%

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00
		\$0.00
	I. Non-recipient Cost (Match)=	\$0.00

Grant Recipient Signature:

Date: 10/31/2014

District Forester Signature:

Date:

Overall Summary Sheet

**Hermit Park Open Space Fuels Treatment and Forest Stewardship Project
HB12-1032 Grant Award #1929500-FC-06**

Final Reimbursement Submittal

	Contract Work/Grant Share*	Hard/In-Kind Match**
Personnel/Labor*	\$25,000.00	\$20,041.56
Equipment		
Operating		
<hr/>		
Total	\$25,000.00	
Final Reimbursement Request	\$25,000.00	

*See attached spreadsheet showing hours worked by contracted crews

**See attached spreadsheet showing both Hard Match and In-Kind Match



DEPARTMENT OF NATURAL RESOURCES

• Visitor Services

• Open Lands

• Weed Management & Forestry

1800 South County Road 31

Loveland, CO 80537

(970) 679-4570/ (970) 679-4574 FAX

www.larimer.org/naturalresources

October 31, 2014

Boyd Lebeda
Colorado State Forest Service
Bldg #1052 Foothills Campus
Fort Collins, CO 80523-5075

Dear Boyd,

Please find attached the final reimbursement request for \$25,000 for treating a total of 40 acres with the supporting documentation for the Larimer County Natural Resources Department Hermit Park Open Space HB 12-1032 (Grant Project # 1929500-FC-06).

Project Summary:

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

Dollars for match were hard dollars from the Larimer County Emergency Services Program, ASU and volunteer time for stacking slash and Larimer County staff time on-site.

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully,

Meegan Flenniken
Resource Program Manager
(970) 619-4562

**Hermit Park Open Space Fuels Treatment and Forest Stewardship Project
HB12-1032 Grant Award #1929500-FC-06**

In-Kind Labor Match

Contributor	Hours	Unit Cost	Total
Larimer County Natural Resources			
<i>Meegan Flenniken</i>	9	\$52.55	\$472.95
<i>Field Staff Supervision</i>	32	\$28.96	\$926.72
<i>Volunteers</i>	430	\$22.41	\$9,636.30
Larimer County Alternative Sentencing Units			
<i>31 inmates for 8 hours</i>	248	\$22.14	\$5,490.72
Larimer County Emergency Services Crews			\$3,514.87
TOTAL IN-KIND MATCH			\$20,041.56

Need Map from Tony to show 40 acres;

Hermit Park

HB12-1032 40 acres

Grant	\$ 24,000.00
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Hard	\$ 4,500.00
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Total	\$ 28,500.00
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Balance	\$	(14.88)
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[illegible]

[illegible]

[illegible]





Hermit Park Open Space 2013 HB12-1032 Project Completion






Land Status

 Hermit Park Open Space (Larimer County)

Other Site Features

-  Existing On-site Structures
-  Roads
-  Wells
-  Wetlands

Forest Management Areas

-  Previously Treated Areas
-  USFS Treatment Units
-  Completed Project Area

**Colorado
State
FOREST
SERVICE**

Colorado State University
Fort Collins, Colorado 80523-5060
(970) 491-6303
FAX: (970) 491-7736

June 10, 2013

Meegan Flenniken
Larimer County
1800 S. County Road 31
Loveland CO 80537

Dear Meegan,

I am pleased to inform you that your application for the 2013 Colorado Forest Restoration Grant Program, established by the General Assembly through 2012 House Bill 1032, has been selected for a financial assistance grant. We would like to offer you **\$25,000** in state grant funds to support your project titled **Hermit Park Open Space**.

All projects that involve on-the-ground forest management will comply with *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*, which are available on the Colorado State Forest Service (CSFS) website at <http://csfs.colostate.edu/pdfs/ForestryBMP-CO-2010.pdf>. If you have any questions about this, please contact your CSFS District Forester using the information provided below.

The amount being offered to you may be less than you requested in your project proposal. If you cannot complete the project with the reduced amount, please notify me immediately at (970) 491-6303. This grant program requires at least a 40% match of non-state funds. You are required to provide the amount of match as stated in the Financial Assistance Program Cooperative Match Project notification and Exhibit A, Scope of Work, unless your project is completed under budget. Match amount is either as indicated in your proposal or adjusted proportionately if your project is partially funded. Projects completed under budget should match the same percentage of total project cost as identified in your proposal. The award amount may be adjusted for projects completed under budget.

If you cannot leverage the required amount of match, the award will either be adjusted or rescinded. Again, please contact us immediately if you have a question about your ability to match the offered award.

Additionally, if your proposal indicates employing a Colorado Youth Corps or another accredited youth corps association, you are required incorporate them in the implementation of your project.

If you are able to go forward with your project using the award offered, please see the two enclosed pages. Each of these pages will need immediate action from you in order to initiate project implementation:

1. Financial Assistance Program Cooperative Match Project notification: After you read the notification, and if you agree with the conditions of participation, please sign and date. Be sure to retain a copy for your records.
2. Exhibit A, Scope of Work: After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date. Be sure to retain a copy for your records

Please return the original signed copy of Project Notification and initialed Scope of Work **no later than July 1** to:

Naomi J. Marcus, Assistant Staff Forester
Forest Management Division
Colorado State Forest Service
5060 Campus Delivery, CSU
Fort Collins, CO 80523

Upon your acceptance of and CSFS receipt of the returned project award notification and Exhibit A, Scope of Work, you will receive the following items:

1. Detailed reimbursement procedures for proper documentation of accomplishments and project costs. This will include a list of items that are eligible for reimbursement and items not eligible for reimbursement.
2. Exhibit B, Reimbursement Request: Retain this form and use it to request reimbursement for qualifying project expenses. You may make additional copies if needed.
3. Form D, Cost Documentation: Retain this form to document the summary of actual costs and/or values of labor, equipment use and supplies that contributed to the completion of this project. Other formats to summarize cost documentation may be used; be sure to acquire approval from your CSFS District Forester for an alternative format.

Reimbursement will be made for actual costs, not to exceed the award amount specified on your project notification, with consideration of the required match. The amount requested for reimbursement may not exceed 60 percent of the total project cost for the reimbursement period. Remember that your match for the total project cost of the project

period must meet the required cost-share as accepted in your Project Notification and Scope of Work (e.g. if you proposed to provide 50% match, intermittent and final reimbursement requests should indicate at least 50% match of the total project cost for the given project period).

These grant funds may not be used to purchase capital equipment (individual items costing more than \$5,000.00). The appropriate volunteer labor rate to be applied will be the current rate at the time of the reimbursement request.

We require strict documentation. Please be advised your payments will be based on achieving the specifics proposed in your grant as reiterated on Exhibit A, Scope of Work, including treatment of the full quantity of acres as defined in your grant application. This award may be considered as income by the IRS. Please check with your tax advisor if appropriate.

As part of the Colorado Forest Restoration Grant program, we require you to provide a Final Closeout Report at the time of requesting your final reimbursement including the following items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)
 - Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)
- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

When you are ready for intermittent reimbursement, or to close out your project and claim final reimbursement, please submit an Exhibit B and Form D to your CSFS District Forester who will certify that the work is complete and the documentation is adequate. Certification by the District Forester will require a site visit to the project location. The

District Forester will then forward Exhibit B and accompanying Form D to the CSFS state office for processing.

Projects must be completed and certified by your CSFS District Forester no later than close of business on **April 30, 2015**. Your final reimbursement request with your signature, cost documentation and Final Closeout Report must be received by the CSFS District Forester no later than **May 15, 2015**. CSFS District Foresters must sign and submit the original reimbursement request, cost documentation and approved Final Closeout Report to Naomi Marcus no later than **June 6, 2015**.

The final 10% of the award amount will not be released until the Final Closeout Report is received and accepted. Your thoroughness in providing complete documentation will help expedite the reimbursement process.

For future reference, your CSFS District Forester is **Boyd Lebeda**. You can reach him at (970) 491- 8445 or boyd.lebeda@colostate.edu.

Thank you for your interest in improving the health and sustainability of Colorado's forests and communities!

Sincerely,



Naomi J. Marcus
Assistant Staff Forester

cc: Boyd Lebeda

Financial Assistance Program
Cooperative Match Project
COLORADO FOREST RESTORATION GRANT

To be conducted by:

Larimer County

Funding Provided by CSFS:	\$25,000
Minimum Recipient Match:	\$20,000
Project to be Completed by:	April 30, 2015
Documentation due to District Office by:	May 15, 2015
Documentation due to State Office by: (submitted by District Forester)	June 5, 2015

Based on the strength of the Hermit Park Open Space application submitted by Larimer County the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A, scope of work*.
- B. Provide appropriate cost documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above. See notification letter if project is completed under budget.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided, as needed, and a Final Closeout Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
Attn: Boyd Lebeda, District Forester
Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date:

Larimer County

Mailing Address:

Attn: Meegan Flenniken
1800 S. County Road 31
Loveland CO 80537

Telephone Number:

(970) 679-4562

Email Address:

mflenniken@larimer.org

Fax:

(970) 679-4574

EXHIBIT A
COLORADO FOREST RESTORATION GRANT

SCOPE OF WORK

Cooperator: Larimer County

Work to be completed: Reduce fuels across 40 acres with harvesting focused on single tree selection removing dwarf mistletoe infected and mountain pine beetle infested trees, removal of undesired trees with defects, and TSI of dog-hair stands. Dense stands with reduce canopy cover to a 15-foot crown spacing. Slash within 50 feet of trails will be piled and slash beyond 50 feet from trails will be lopped and scattered. An accredited Colorado youth corps will be employed to help implement this project. Interpretative signs will also be posted.

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*

Project Period: June 12, 2013 to April 30, 2015.

Funded Amount: \$25,000

Minimum cooperator match: \$20,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B entitled "Grant Report/Reimbursement Request" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final closeout report depicting total project accomplishments. Minimum reporting items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
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 - Award recipient labor(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)
 - Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)
- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

Initials:

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. Nbr. 2500513

CSFS #805 Rev. 02/04/05

Date: 07-05-2013 Requested By: BOYD LEBEDA Resale to: CSFS Invoice #:

Vendor: LARIMER COUNTY
ATTN: MEEGAN FLENNIKEN
1800 S. COUNTY ROAD 31
LOVELAND, CO 80537
(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: CSFS FORT COLLINS DISTRICT OFFICE
ATTN: BOYD LEBEDA, DISTRICT FORESTER
5060 CAMPUS DELIVERY, CSU
FORT COLLINS, CO 80523-5060
(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ☐ Sole Source (attach completed Sole Source Justification Form)
☐ Previous Supplier
☐ Other

Terms:

ENCUMBERED
07-05-13

Shipping Instructions:
☐ FOB Fort Collins, Colorado
☐ FOB

Delivery Date:

Deliver to: (X)

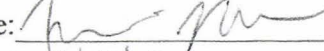
Initials Bldg Room Phone

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	1929500	6693	1	1	HERMIT PARK OPEN SPACE REDUCE	\$25,000	\$25,000.00
2	HB 12-1032 FY13 FOREST RESTORATION				FUELS - SCOPE OF WORK		
3					ATTACHED. PROJECT NUMBER		
4					1929500 - FC-06		
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:

PLEASE ENCUMBER.

Expenditure Approval: NAOMI MARCUS, PROGRAM MGR

Authorized Signature: 
Date: 7/5/13

Subtotal: \$25,000.00

Discount: \$

TOTAL: \$25,000.00

4

**Financial Assistance Program
Cooperative Match Project
COLORADO FOREST RESTORATION GRANT**

To be conducted by:

Larimer County

Funding Provided by CSFS:	\$25,000
Minimum Recipient Match:	\$20,000
Project to be Completed by:	April 30, 2015
Documentation due to District Office by:	May 15, 2015
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COPY

Based on the strength of the Hermit Park Open Space application submitted by Larimer County the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A, scope of work.*
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Attn: Boyd Lebeda, District Forester
Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523*

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

David Hoffmann

Date:

6-27-13

Larimer County

Mailing Address:

**Attn: Meegan Flenniken
1800 S. County Road 31
Loveland CO 80537**

Telephone Number:

(970) 679-4562

Email Address:

mflenniken@larimer.org

Fax:

(970) 679-4574

DATE: *6-24-13*
APPROVED AS TO FORM:
[Signature]
COUNTY ATTORNEY

EXHIBIT A
COLORADO FOREST RESTORATION GRANT
SCOPE OF WORK

Cooperator: Larimer County

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☒ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

11-06-14

(K)

Name: Larimer County Natural ResourcesAddress: 1800 S. County Rd 31Leveland, CO 80537Approved for Payment
C.S.F.S.

4726159

11-06-14

(K)

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service.

Grant Number: 1929500-FC-06 ~ Non-Federal Match: \$20,041.56 ~Approved Funding: \$25,000 ~ Total Project: \$45,041.56 ~CSFS Account Number: 1929500-FC-06 ~ Amount of Payment: \$25,000 ~HB 12-1032 FY 13 FOREST RESTORATION PROJECTCircle one: 1st Payment 2nd Payment 3rd Payment Final Payment ~Program Manager Signature: Susan Teheber-MatthewsDate: 11-5-14Program Manager Name: Susan Teheber-Matthews ~

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736



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Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
25,000	✓ 25,000	20,041.56 20,000		45,041.56 45,000	45% 44%

* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: _____

Date: 10/31/2014

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____

Date: 10/31/14

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: 11-5-14

COPY



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

1929500-FC-06

Award Amount (obligated from funding source):

A. Remaining Award Amount:

Reimbursement Request:

☐ First

☐ Second

☐ Third

☐ Fourth

☐ Fifth☒ Finze!

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
25,000.00	25,000.00 20,041.56	\$0.00	25,000.00 45,041.56	44% 45%

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00
		\$0.00
	I. Non-recipient Cost (Match)=	\$0.00

Grant Recipient Signature:

Date: 10/31/2014

District Forester Signature:

Date:



DEPARTMENT OF NATURAL RESOURCES

• Visitor Services

• Open Lands

• Weed Management & Forestry

1800 South County Road 31

Loveland, CO 80537

(970) 679-4570/ (970) 679-4574 FAX

www.larimer.org/naturalresources

October 31, 2014

Boyd Lebeda
Colorado State Forest Service
Bldg #1052 Foothills Campus
Fort Collins, CO 80523-5075

Dear Boyd,

Please find attached the final reimbursement request for \$25,000 for treating a total of 40 acres with the supporting documentation for the Larimer County Natural Resources Department Hermit Park Open Space HB 12-1032 (Grant Project # 1929500-FC-06).

Project Summary:

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

Dollars for match were hard dollars from the Larimer County Emergency Services Program, ASU and volunteer time for stacking slash and Larimer County staff time on-site.

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully,

Meegan Flenniken
Resource Program Manager
(970) 619-4562

Overall Summary Sheet

Hermit Park Open Space Fuels Treatment and Forest Stewardship Project
HB12-1032 Grant Award #1929500-FC-06

Final Reimbursement Submittal

	Contract Work/Grant Share*	Hard/In-Kind Match**
Personnel/Labor*	\$25,000.00	\$20,041.56
Equipment		
Operating		
<hr/>		
Total	\$25,000.00	
Final Reimbursement Request	\$25,000.00	

*See attached spreadsheet showing hours worked by contracted crews

**See attached spreadsheet showing both Hard Match and In-Kind Match